

# LETTERS *to the Editor*

## The Myths and the Words

*To the Editor:* I cannot refrain from commenting on the editorial in CALIFORNIA MEDICINE, March, 1970, entitled "Costly Mythology in Health Care." Just as myths tend to persist and dominate our thinking, so also are we often victims of words and the definitions applied to them by various people. I think we are in such a situation in terms of the words "health" and "health care" and "medicine" and "medical care." I think much of the impact of the editorial was lost in the confusion—or rather the implication—that health care services and medical care services are the same.

I think we must accept the fact that nutrition, housing, education, economic status and the like are variations in health care services, and that we should separate from these, those things that are considered medical care services. Thus, if one accepts as the editorial writer did, a broad definition for health, then everything contributing to it must be considered a portion of the health care delivery system. It is quite true that it is a myth to believe that scientific medicine alone can automatically guarantee good health.

It is apparent, I think, to all that medical care is one component albeit a very important component of the larger health care system. Many of the problems now facing us, many of the criticisms leveled at the medical care system, should be focused in those areas which can actually do some-

thing to alter and solve the problem if we would only accept the fact that health is more than just the delivery of medical care. Health is the end result of many factors in the social structure that relates to and from an individual.

We, in medicine, have enormous problems in improving the medical care system, but it is a crushing and destructive load on that system to place all aspects of health within it. The medical care system may well serve to detect the need for changes in social structure in order to promote greater health, but I do not think the medical care system can be the actual change agent, but rather that body which brings these needs to the attention of other social groups.

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## A Word About "Epitomes"

*To the Editor:* Congratulations on your new section, "Important Advances in Clinical Medicine." Most of the brief statements in the February issue proved very good indeed. Somewhat too brief, I felt, were the two statements by Dr. William M. Todd on "Suppression of Rh Sensitization" and "Amniocentesis." I also should like to take exception to one statement made by Dr. Garson H. Tishkoff in his paragraph on "Treatment of Hemophilia with Newer Blood Factors." He states: "fresh frozen plasma remains the agent of choice in the control of minor bleeding and hem-

arthrosis." I disagree most heartily. I have used no fresh frozen plasma in the treatment of classical hemophilia since cryoprecipitates first became available. Adequate treatment with cryoprecipitates in most areas is less expensive than the usually inadequate treatment with fresh frozen plasma.<sup>1</sup>

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1. Hattersley PG: The treatment of classical hemophilia with cryoprecipitates — Laboratory control with readily available tests. JAMA 198:243-247, 1966

## Relevance in Medical Education

*To the Editor:* The relevance of medical education is almost totally the responsibility of medical educators and during the past ten years I have had

great doubts as to their sensitivity to their responsibilities. It does not take long to find out that medical school graduates realize that their medical education has prepared them to serve a system for delivery of health care which no longer exists and yet medical educators continue to produce this antiquated product.

I grant that medical educators have a difficult task, since the ultimate new form of the delivery of health care in our country and the world is not yet discernible, and they are therefore forced to redesign curriculum without a clear knowledge of the system which the curriculum must serve. It seems to me, however, that one change is obviously needed. Medical schools must no longer continue to be narrowly dedicated to producing products to fit a system over which they have no control. Medical educators must bear part of the burden of finding solutions to our nation and world's health problems and this means involvement in experimentation with new systems and in the political and sociological aspects of health care.

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## ANESTHESIA FOR CESAREAN SECTION

"It's true that I have ways of giving general anesthetics to mothers without causing much depression of their babies; but I can't guarantee it. I am reasonably sure, but not absolutely. So if I want to give a general anesthetic to a mother and have minimal effect on the child, the technique that I now use, that I try to get my department to use, and that I try to get our obstetricians to accept, is this: You put the mother to sleep with a dose of pentothal adequate to produce unconsciousness; you then let her breathe 50 percent oxygen; you start an intravenous drip of a paralyzing drug that runs in and paralyzes the mother completely so that she cannot twitch a muscle—absolutely no movement whatsoever. The operation then starts and the obstetrician gets the baby out as fast as he can. Babies born in this way have no perceptible depression that I can make out because the paralyzing drug does not cross the placenta. The amount of pentothal and nitrous oxide in the mother is not very great, and I believe that you can get perfectly good babies in this way. As a matter of fact, it is my method of choice. If any of you were to ask me to take care of a patient of yours for a cesarean section and I were faced with the need to give a spinal or an epidural or this technique, I would use this technique."

—JAY J. JACOBY, M.D., Philadelphia

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